# Hampshire College

Americans with Disabilities Act – Functional Limitations Form

Section I – Employee Information

|  |  |  |
| --- | --- | --- |
| Employee Name: | | Date: |
| Department: | Supervisor: | Supervisor’s Phone: |
| Treating Professional: | Professional’s Phone: | Professional’s license #: |

Section II – Professional’s Evaluation

|  |  |  |  |
| --- | --- | --- | --- |
| I certify that the employee has a physical, mental, emotional, impairment that limits one or more major life activity. The life function affected is (circle all that apply):  Caring for oneself, performing manual tasks, walking, seeing, hearing, sitting, speaking, breathing, learning, working, remembering, reasoning, other (please describe)  Below, please indicate the limitations of the employee. | | | |
| **Physical Activity** | **Mild Limitation** | **Moderate Limitation** | **Severe Limitation** |
| Sitting |  |  |  |
| Standing |  |  |  |
| Walking |  |  |  |
| Bending Over |  |  |  |
| Climbing |  |  |  |
| Reaching Overhead |  |  |  |
| Kneeling |  |  |  |
| Pushing & Pulling |  |  |  |
| Crouching/stooping |  |  |  |
| Lifting or Carrying |  |  |  |
| 10 lbs or less |  |  |  |
| 11 to 25 lbs |  |  |  |
| 26 to 50 lbs |  |  |  |
| 51 to 75 lbs |  |  |  |
| 76 to 100 lbs |  |  |  |
| Over 100 lbs |  |  |  |
| Repetitive Use of Hands |  |  |  |
| Right Only |  |  |  |
| Left Only |  |  |  |
| Both |  |  |  |
| Simple/Light Grasping |  |  |  |
| Right Only |  |  |  |
| Left Only |  |  |  |
| Both |  |  |  |
| Firm/Strong Grasping |  |  |  |
| Right Only |  |  |  |
| Left Only |  |  |  |
| Both |  |  |  |
| Fine Motor, right hand |  |  |  |
| Fine Motor, left hand |  |  |  |

**(over)**

Section III – Level of Mental, Emotional, and Sensory Limitations

|  |  |  |  |
| --- | --- | --- | --- |
| Pace of Work | Fast Avg Below Avg | Reasoning | Mild Moderate Severe |
| Manage Multiple Priorities | Mild Moderate Severe | Hearing | Mild Moderate Severe |
| Intense Customer Interaction | Mild Moderate Severe | Reading | Mild Moderate Severe |
| Multiple Stimuli | Mild Moderate Severe | Analyzing | Mild Moderate Severe |
| Frequent Change | Mild Moderate Severe | Verbal Communication | Mild Moderate Severe |
| Short-term Memory | Mild Moderate Severe | Written Communication | Mild Moderate Severe |
| Long-term Memory | Mild Moderate Severe | Vision | Mild Moderate Severe |
| Attention Span | Mild Moderate Severe |  |  |

Section IV – Diagnosing Professional’s Comments

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| The above limitations are permanent. | Yes | No | Comment: | |  |
| Professional’s Signature: | | | | Date: | Office Phone #: |
| Print Professional’s Name: | | | |  | Professional’s license #: |

Please include additional documentation to support the request for accommodation as well as a cover letter on professional stationary.